

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

10/088553

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2	—					
3	—					
4	✓					
5	—					
6	✓					
7	✓					
8	✓					
9	✓					
10	✓					
11	✓					
12	✓					
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44						
45	✓					
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49						
50						
TOTAL IND.	✓					
TOTAL DEP.	✓					
TOTAL CLAIMS	✓					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL CLAIMS								